STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JAN 2 4 2019

PLEASE PRINT

NEW HAMPSHIRE STATE

I. Name of Lobbyist(s)	Casey Caldwell			DEPARTMENT OF	
II. Name of lobbyist's part	nership, firm or co	rporation, if an	y:		
WellCare Health F	Plans, Inc.				
(Name of p	artnership, firm or corp	poration)			
8735 Henderson Road	Ren 1, Floor 2.	Tampa	FL	33634	
Business Address: (Street)		(Town/City)	(State)	(Zip Code)	
()(Telephone)	()_	(Fax)	e-mailcas	sey.caldwell@wellcare.com	
III. This statement covers: reportable expense transactions	(Choose one – file stions which are not	separate report t attributable t	es for each client, OR you any one client).	ou may file a separate report for	
All reportable transaction	ns occurring in the n	nonths prior to t	he reporting date relativ	e to the following client:	
WellCare Hea	ilth Plans, Inc.				
<u>OR</u>	ns by the lobbyist (in		obyist Registration Form) oyist's family), or the lo	bbying firm listed below which are	
unrelated to any particular c	nent.				
	ril 25, 2018 🔲 m date of registration i	to 3/31/18	July 25, 2018 activity from 4/1/18 to 6		
	tober 31, 2018	18	January 30, 20 activity from 10/1/18 to		
V. There have been no f If this box is checked, comple Concord, NH 03301.	ees received and r lete just this form and	o reportable d submit it to the	transactions made s e Secretary of State's O	ince the last report. © ffice, State House, Room 204,	
VI. Check if additional rep	oorts are attached:				
☐ If you have received fee		res, you must fi	le Addendum A– Fees	and Expenses	
				B- Report of Honorariums or	
☐ If you, your firm, or you	ar family has made p	olitical contribu	tions, you must file Ad	dendum C- Political Contribution	
Sworn Statement/Affirmal I have read RSA 15, RSA 13 and complete to the best of	5-B, RSA 14-C and I	RSA 664 and he olief.		at the foregoing information is true	
(Signature of lobbyist)	ill se		1/22/1	(Dota)	
Casey Caldwell			•	(Date)	
(Print Name of lobbyist)					